



Healthy Works Worksite Wellness Report

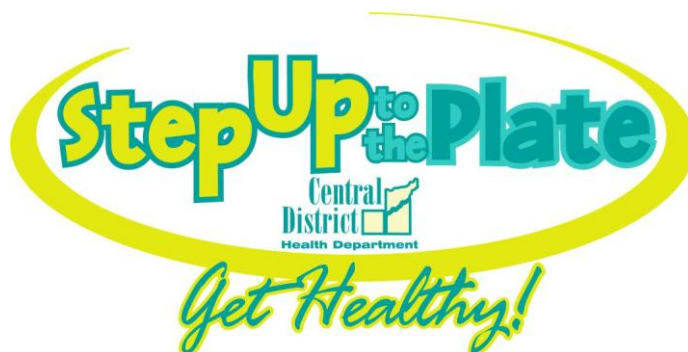
Let's have
HEALTHIER
Choices...

by

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INTRODUCTION

During the summer of 2010, a community health assessment was conducted by the Central District Health Department (CDHD). Diverse community focus groups convened to envision the future of public health in Hall, Hamilton, and Merrick counties. Consensus building meetings were held in each county following a national best practice model: Mobilizing for Action through Planned Partnerships (MAPP). Lifestyle issues were common in discussions in all three counties with a focal point on obesity.

Obesity rates in the U.S. have increased dramatically over the last 30 years. This holds true for the population in our district. Overweight and obesity increase the risk of health issues such as cardiovascular disease, type 2 diabetes, cancers, and hypertension. According to CDC, cardiovascular disease is the leading cause of death in Nebraska.

67.5% of the adult population in the Central District Health Department region is overweight or obese.

Recent data shows that approximately two thirds of the adults and one fifth of children were either obese or overweight. Among U.S. adults it is estimated that 33% are overweight and 34% are obese. According to the Behavioral Risk Factor Surveillance Survey (BRFSS), Nebraska currently ranks 15% in the nation in obesity, with 67.5% of the adult population in the Central District overweight or obese. The report states that 33.9% of Central Nebraska adults are overweight, while 34.6% are considered obese. The trend of increasing incidence of overweight and obesity status are similar to state and national trends.

METHODS

The methods by which the survey was created were based on several models: the Transtheoretical Model (Stages of Change), *Nebraska Physical Activity and Nutrition State Plan 2011-2016, 2009 CDC Recommended Strategies and Measurements to Prevent Obesity*, and RWJF *F as in Fat: How Obesity Threatens America's Future 2011 report*. The following models will help to provide direction to target the fastest and most effective policy changes.

STAGES OF CHANGE

The Transtheoretical Model, often called the stages of change model, was designed to describe the stages people go through when changing behaviors. The stages described by the model are:

- Pre-contemplation - when the person has no intention to adopt (and may not even be thinking about adopting) the recommended protective behavior;
- Contemplation - when the person has formed either an immediate or long-term intention to adopt the behavior but has not, as yet, begun to practice that behavior;
- Preparation - when there is a firm intention to change in the immediate future, accompanied by some attempt to change the behavior;
- Action - when the behavior is being consistently performed but for less than 6 months; and
- Maintenance - the period beginning 6 months after behavior change has occurred and during which the person continues to work to prevent relapse.

The stages-of-change perspective is important because it recognizes that people are at different stages; individuals at different stages may be receptive to different types of intervention messages.

NEBRASKA PHYSICAL ACTIVITY AND NUTRITION STATE PLAN

In alignment with the following State Plan, the Healthy Works goal is to promote health and reduce chronic disease associated with diet and weight. These evidence-based strategies will be strongly considered when developing a plan of action.

The six key areas highlighted by the Nebraska Physical Activity and Nutrition State Plan include:

1. Increase fruit and vegetables
2. Reduce energy-dense foods
3. Reduce sugar-sweetened beverages
4. Increase physical activity
5. Reduce screen time
6. Increase breastfeeding

Furthermore, all of the above strategies are supported by CDC priority goals and guidance strategies to combat obesity.

CDC RECOMMENDED STRATEGIES AND MEASUREMENTS

Aside from the Nebraska Physical Activity and Nutrition State Plan, additional approaches in the 2009 CDC Recommended Strategies and Measurements to Prevent Obesity report include (numbering corresponds with the CDC Report):

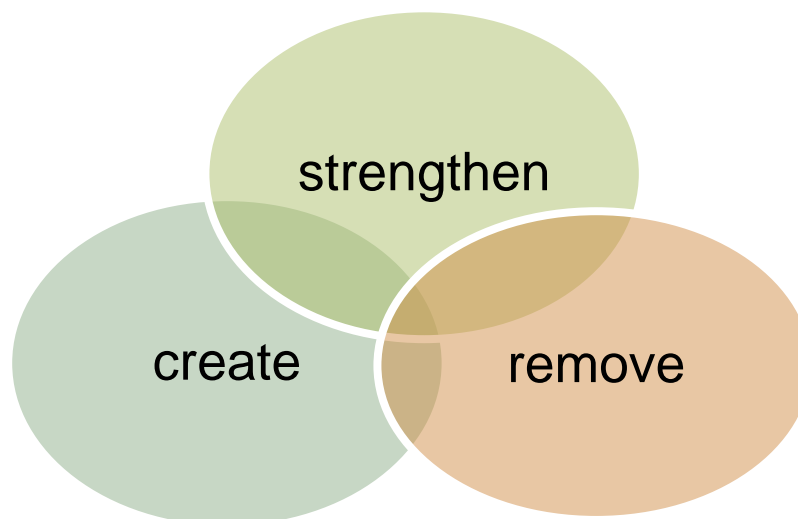
1. Increase availability of healthier food and beverage choices in public service venues
2. Improve availability of *affordable* healthier food and beverage choices in public service venues
5. Improve ability of mechanisms for purchasing foods from farms
7. Restrict the availability of less healthy foods and beverages in public service venues
8. Institute smaller portion sizes
17. Enhance infrastructure supporting bicycling
18. Enhance infrastructure supporting walking
24. Establish community coalitions or partnerships to address obesity

RWJF F AS IN FAT REPORT

Strategic implementation of policies has the potential to drastically change the environment of a workplace. “Policies can help leverage change quickly and efficiently by providing individuals with the resources and opportunities to make healthier choices easier in their daily lives.” The Robert Wood Johnson Foundation (RWJF) priorities directly align with the Nebraska State Plan and the CDC Strategy initiatives.

The Robert Wood Johnson Foundation suggests three recommendations for strategically implementing policy opportunities:

1. Create more opportunities to be healthy.
2. Strengthen the ability to make healthy choices.
3. Remove obstacles that act as a barrier to make healthy choices.



OVERVIEW

The 2011 Healthy Works Worksite Wellness Survey was administered by mail, email, and business visits to a random sample of worksites in the Hall, Hamilton, and Merrick county region. The confidential survey was conducted from October to December 2011. The data collection tool used was SurveyMonkey.

Many of the questions in the survey were sculpted after the 2010-2011 Nebraska Worksite Wellness Survey Report.

The state data that was collected serves as a benchmark for the survey results from the Central District Health Department region.

In Nebraska, 86% of households have a family member that is employed. People spend a large part, nearly a third, of their day at work where they are confronted with food choices from cafeterias, vending machines, and meeting meals. Worksites play a role in the promotion of healthy eating habits, physical activity, and the overall health of employees. Given these conditions, worksites are a desirable environment to collect data for addressing health behaviors.

The Healthy Works Worksite Wellness Survey was conducted to provide important information on current worksite policies and practices implemented in Hall, Hamilton, and Merrick counties. This information will help identify areas of need related to developing a culture of wellness in the workplace.

HIGHLIGHTS

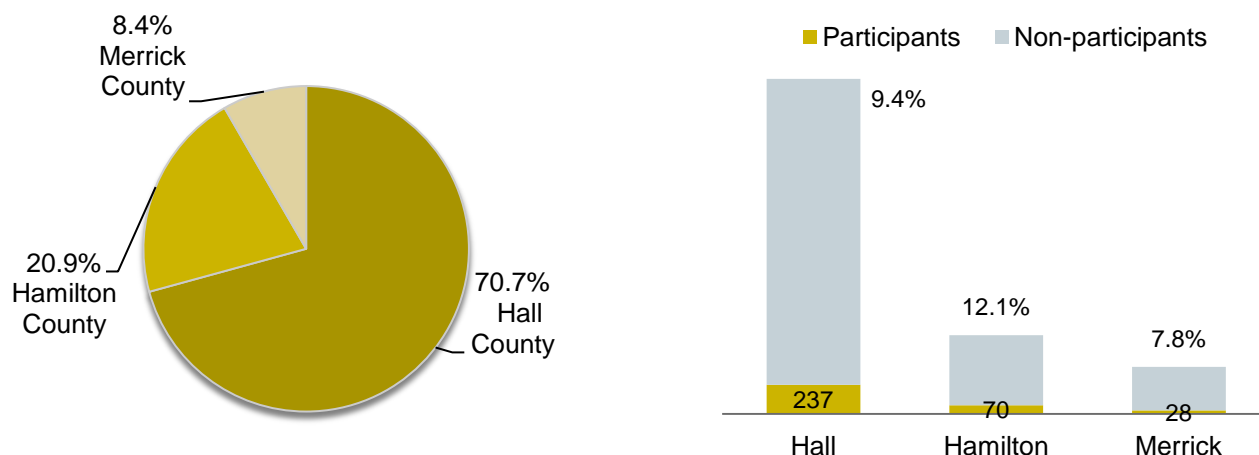
- Nearly 1 in 5 worksites have policies or guidelines that encourage “healthful” food options to be served at staff meetings and company-sponsored events.
- Nearly 1 in 4 worksites allow flextime for employees to participate in physical activity during work hours.
- More than 1 in 3 worksites have adopted a policy that restricts smoking within a certain distance from the entrance of a building.
- 1 in 4 worksites have adopted a policy that prohibits smoking on the whole worksite campus.
- More than 1 in 5 worksites provide a private, secure lactation room on-site that is not a bathroom.
- Nearly 3 in 4 worksites have a cafeteria, snack shop, break room or kitchen equipment.
- Worksites reported lack of employee interest/participation and worksite/company cost as barriers to successful worksite wellness.
- 1 in 3 worksites have vending machines for employees to access food and beverages during work hours.
- Fewer than 9 in 10 worksites allow employees to bring in food to be shared with others.

CHARACTERISTICS OF WORKSITES

Surveys were completed by a variety of different businesses in the Hall, Hamilton, and Merrick Counties. According to the Department of Labor 2005 study, there are 3,453 workplaces in the three county area. By statistical calculations, it was determined that at least 346 surveys would need to be completed in order to have an accurate representative sample of the population. A total of 423 surveys were completed. After eliminating duplicates, there were 335 viable surveys.

Of the 335 survey data complied (Figure 1), 70.7% (237) were from Hall County, 20.9% (70) from Hamilton County, and 8.4% (28) from Merrick County. Figure 1 also displays the percentage of participating worksites, with respect to the total number of worksites in each county; 9.4% of Hall County, 12.1% of Hamilton County, and 7.8% of Merrick County contributed.

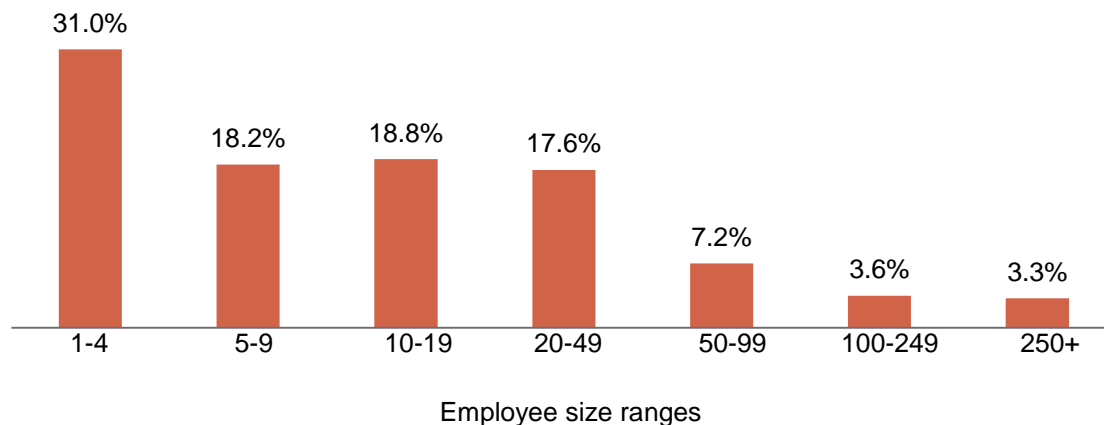
Figure 1: Completed surveys by county and participating worksites by county



Among respondents, just under half (43.9%) of the worksites considered their worksite to be a subsidiary or a branch of a larger company.

As of the survey completion date, respondents recorded the total number of employees, both part time and full time, and including management. Worksite employee sizes were categorized into employee size ranges predetermined by the Department of Labor (Figure 2). Nearly a third (31.0%) of worksites had an employee base of four or less. The highest response rate for worksites with “1-4” employees is representative of our communities which embraces nearly two-thirds of small businesses, according to the Department of Labor 2005 report. Of medium sized worksites, 18.2% employed a total of “5-9” employees, 18.8% of worksites employed a total of “10-19” employees, and 17.6% employed a total of “20-49” employees. The number of worksites with a workforce of more than 50 employees was significantly smaller than the other category sizes. Worksites with “50-99” employees represented 7.2% of respondents, worksites “100-249” employees represented 3.6% of respondents, and only 3.3% of worksites who completed the survey employed “+250” or more workers.

Figure 2: Percentage of worksites within the following employee size ranges

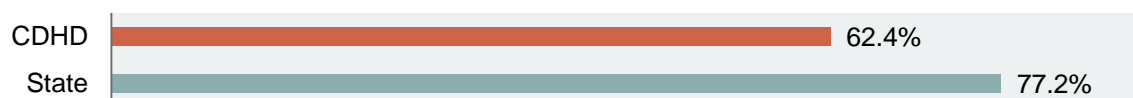


Survey respondents also completed questions about the composition of their workforce. It was determined that more than half of employees (62.7%) are full time which is defined as working 35 or more hours during a week. 40.0% of worksites report that their employee structure includes less than one third (<33%) of their employees under the age of 40 and 32.2% of worksites report that their employee structure includes more than one third but less than two-thirds (34-65%) of their employees under the age of 40. This means the Central District Health Department survey area has an aging working population. Of the worksites surveyed, the majority have employees over the age of 40. There are also more female workers at the worksites which completed the surveys; 45.4% reported having more than a two-thirds (>66%) of their employee makeup as female. 61.2% of survey respondents reported that less than one third of all employees work the 2nd or 3rd shift. And 67.2% reported that less than one third of their employees work at least half of their hours away from the worksite including delivery, sales, contracted work, telecommuting, etc. It can be concluded that the majority of employees work the first shift and conduct their business from the worksite location.

The average employee is more likely to be female over 40, working a full time, first shift at the worksite location.

More than half of worksites (52.2%) allow their employees to receive 60 minutes for their main meal break, 31.3% of worksites allow 30 minutes for main meal breaks, while 6.3% worksites allow 15 minutes for main meal breaks (Figure 3). There were several comments that stated breaks were allowed as needed. Employee health is an investment rather than a cost. In the three county Central District Health Department region, 62.4% of surveyed worksites stated that their worksite offers employees a health insurance plan. According to the 2010-2011 Nebraska Worksite Wellness Survey Report, respondents had slightly more than three in four worksites report providing health insurance for their employees. Our district area has fewer worksites offering insurance to employees.

Figure 3: Percentages of worksites that offer health insurance for employees

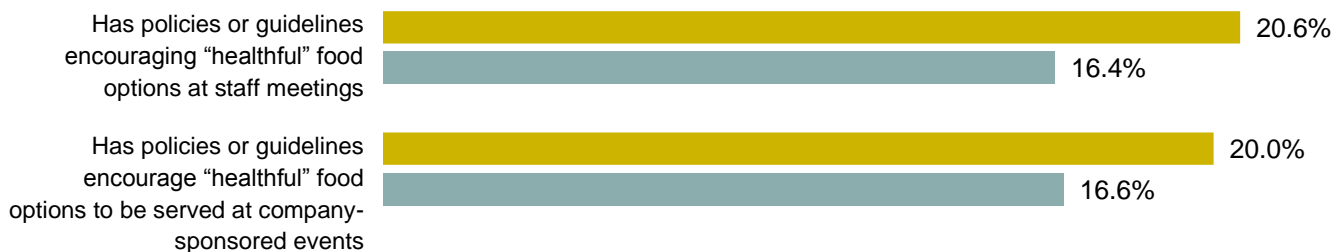


WORKSITE NUTRITION

For the following questions completed by respondents, the word “healthful” include both food and beverage options. “Healthful” food options are defined as items which include low calorie, fat free/low fat, reduced sodium, or low sugar. “Healthful” beverage options may include fat free/low fat milk, 100% fruit juice, and water.

Slightly more than one in five worksites have policies or guidelines encourage “healthful” food options to be served at staff meetings, which is somewhat higher than the percentage of worksites in the 2010-2011 Nebraska Worksite Wellness Survey Report (Figure 4). Both data sets are similar when comparing state and district worksites that have policies or guidelines encourage “healthful” food options to be served at company-sponsored events.

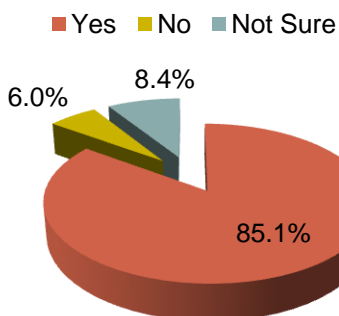
Figure 4: Percentages of worksites with the following policies regarding food served



Less than one in five worksites provided directly or promoted company-sponsored weight control programs (19.1%) or “healthy-eating” programs (18.8%) in the past 12 months.

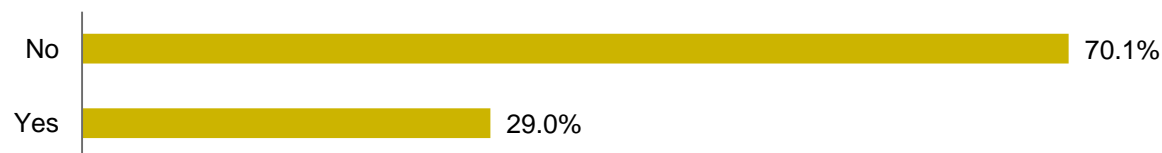
Nutrition is one major modifiable risk factor for heart disease, stroke, and other chronic diseases associated with being overweight and obese (Figure 5). Over 85% of worksites allow employees to bring in food to be shared with others (e.g. celebrations, potlucks, etc.).

Figure 5: Percentage of worksites with policies allowing outside food to be shared



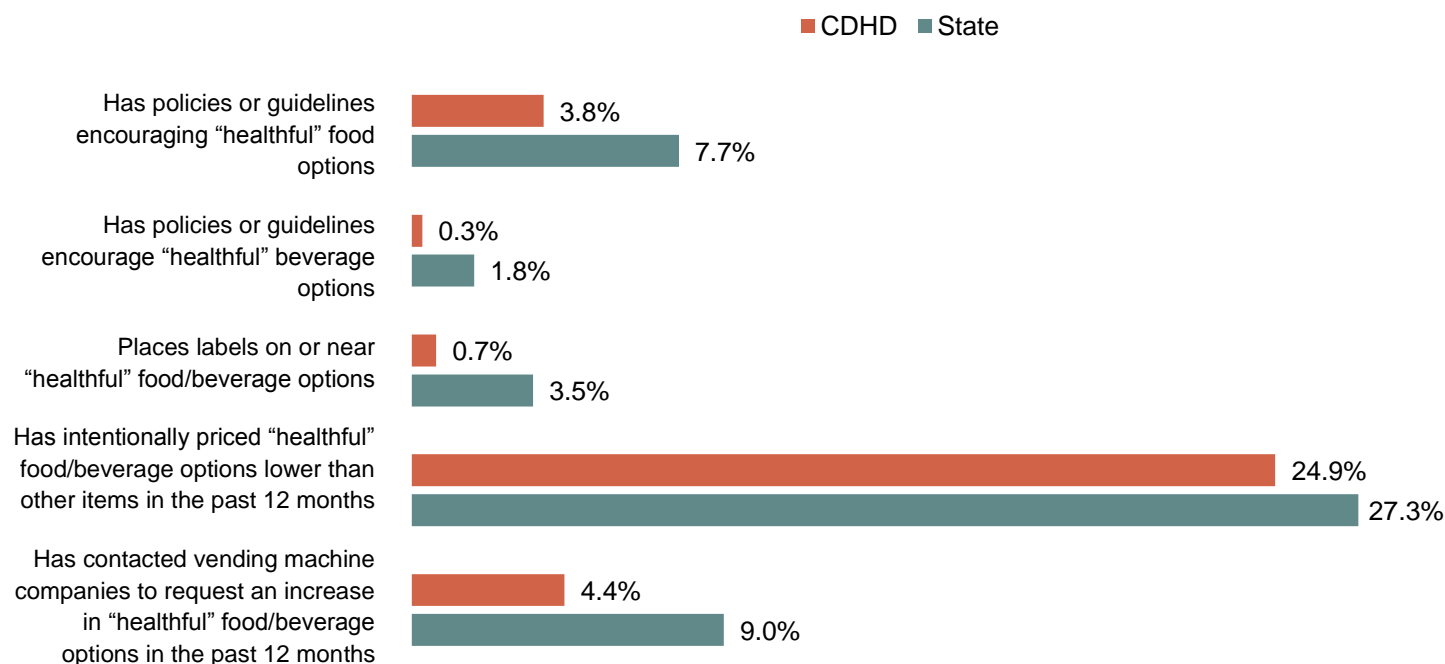
Surroundings and conditions can foster and support or become a barrier to healthy eating. Nearly one third of surveyed worksites reported having vending machines for employees to access food during working hours (Figure 6).

Figure 6: Percentage of worksites with vending machine access during work hours



The following information was provided only by the 29.0% of respondents who reported “yes” allowing employees access to vending machines, which totaled 97 respondents (Figure 7). The percentages provided were weighted to account for these differences. All of the Central District Health Department responses were lower than the state reported average percentages. There were comparably fewer worksites who reported having policies or practices in place that encourage healthful food/beverage vending machine options.

Figure 7: Percentages of worksites with the following vending machine practices



Nearly one in ten (10.3%) worksites has had special promotions or sales to promote “healthful” food/beverage options in vending machines in the last 12 months.

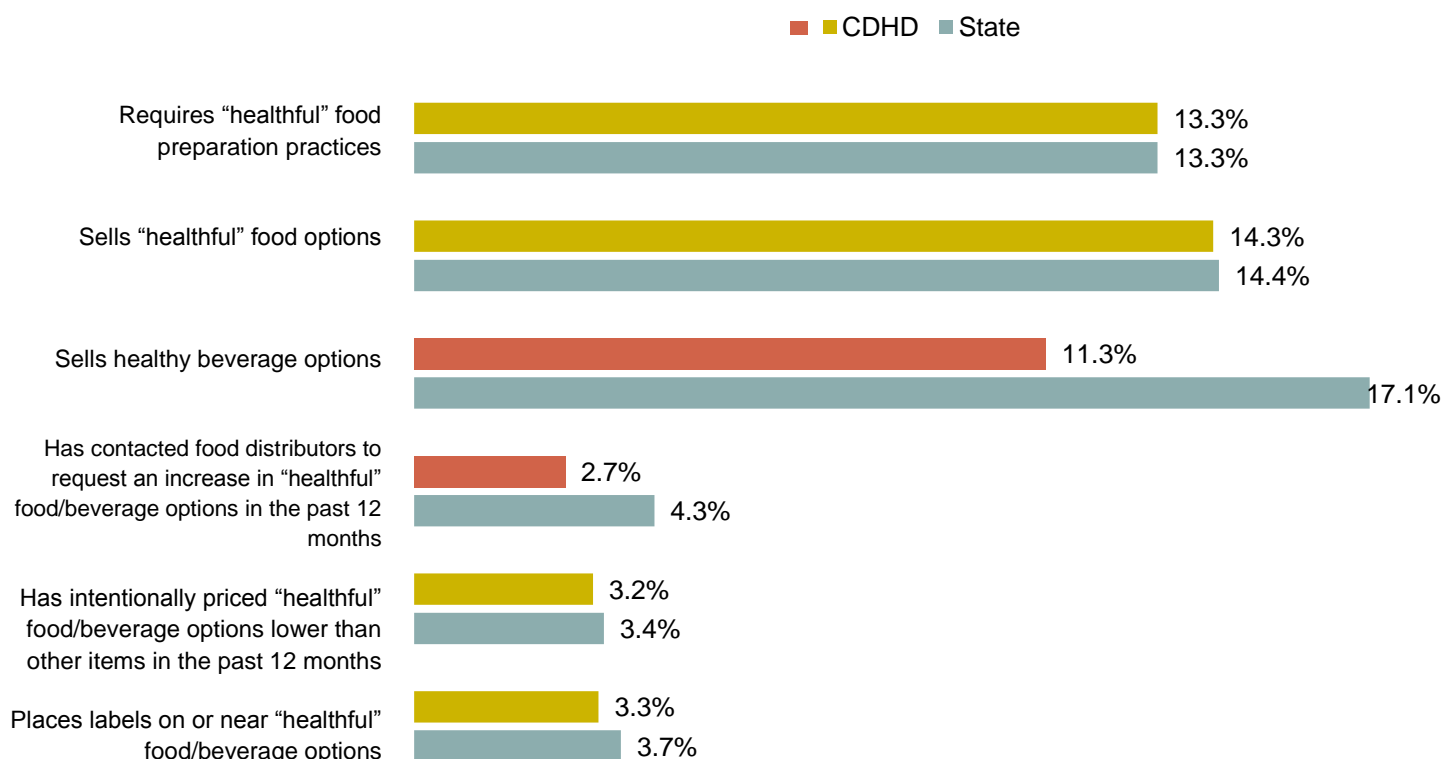
The presence of cafeterias, snack shops, break rooms, and kitchen equipment can influence an individual's ability to make healthy food and beverage choices. Nearly three-fourths of worksites have cafeterias, snack shops, break rooms, and kitchen equipment available for employee use during work hours (Figure 8).

Figure 8: Percentage of worksites with a cafeteria, snack shop, break room and/or kitchen equipment access during work hours



The following information was provided only by the 74.0% of respondents who reported “yes” allowing employees access to cafeterias, snack shops, break rooms, and kitchen equipment during work hours, which totaled 248 respondents (Figure 9). The percentages provided were weighted to account for these differences. The Central District Health Department responses were comparable to the state reported average percentages. With the exceptions (highlighted below in red) of policies or practices of worksites selling healthy beverage options (11.3%) and contacting food distributors to request an increase in “healthful” food/beverage options (2.7%) which were lower than the state reported percentages, all of the responses were similar to the state data (highlighted below in green).

Figure 9: Percentages of worksites with the following policies and practices in cafeterias, break rooms, etc.



Of the 248 survey respondents, 9.0% have promoted the sale and consumption of “healthful” food/beverage options in the past 12 months. In addition, 6.3% of worksites provide options for smaller portion sizes.

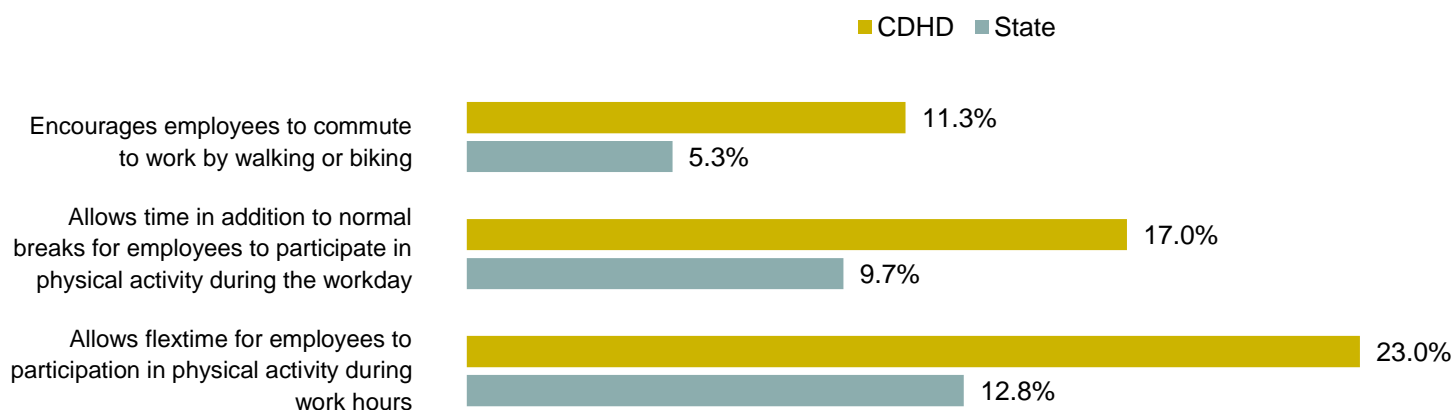
The majority of worksites do not offer any type of incentive for healthy eating (9.0% responded “yes”) or maintaining an ideal weight (6.3% responded “yes”).

WORKSITE PHYSICAL ACTIVITY

Nearly half (48.7%) of all the worksites surveyed in the Central District Health Department region support physical fitness.

Close to one in ten (11.3%) encourage employees to commute to work by walking or biking. Almost a quarter (23.0%) of worksites allows employees to participate in physical activity during work hours and 17.0% allow time in addition to normal breaks for employees to participate in physical activity during the workday. All of the district responses exceed the state reported average percentages (Figure 10).

Figure 10: Percentages of worksites with the following policies on physical activity



Of the following practices, most fell below the state reported percentages with the exception of four of the following. See Figure 12. Our area has a comparable percentage of worksites: that provide employees with a subsidized or reduced rate membership to health clubs or community recreation centers (16.1%), that have one or more designated walking route(s) for employee use (8.1%), that promote the designated walking route(s) to employees (7.2%), and that post signs to promote the use of stairs within their worksite (3.3%).

Only 5.7% of all worksites surveyed have walking clubs or other physical activity clubs (Figure 11).

Figure 11: Percentage of worksite with a walking club

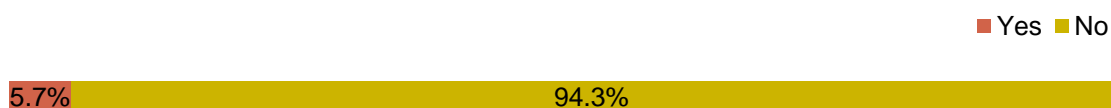
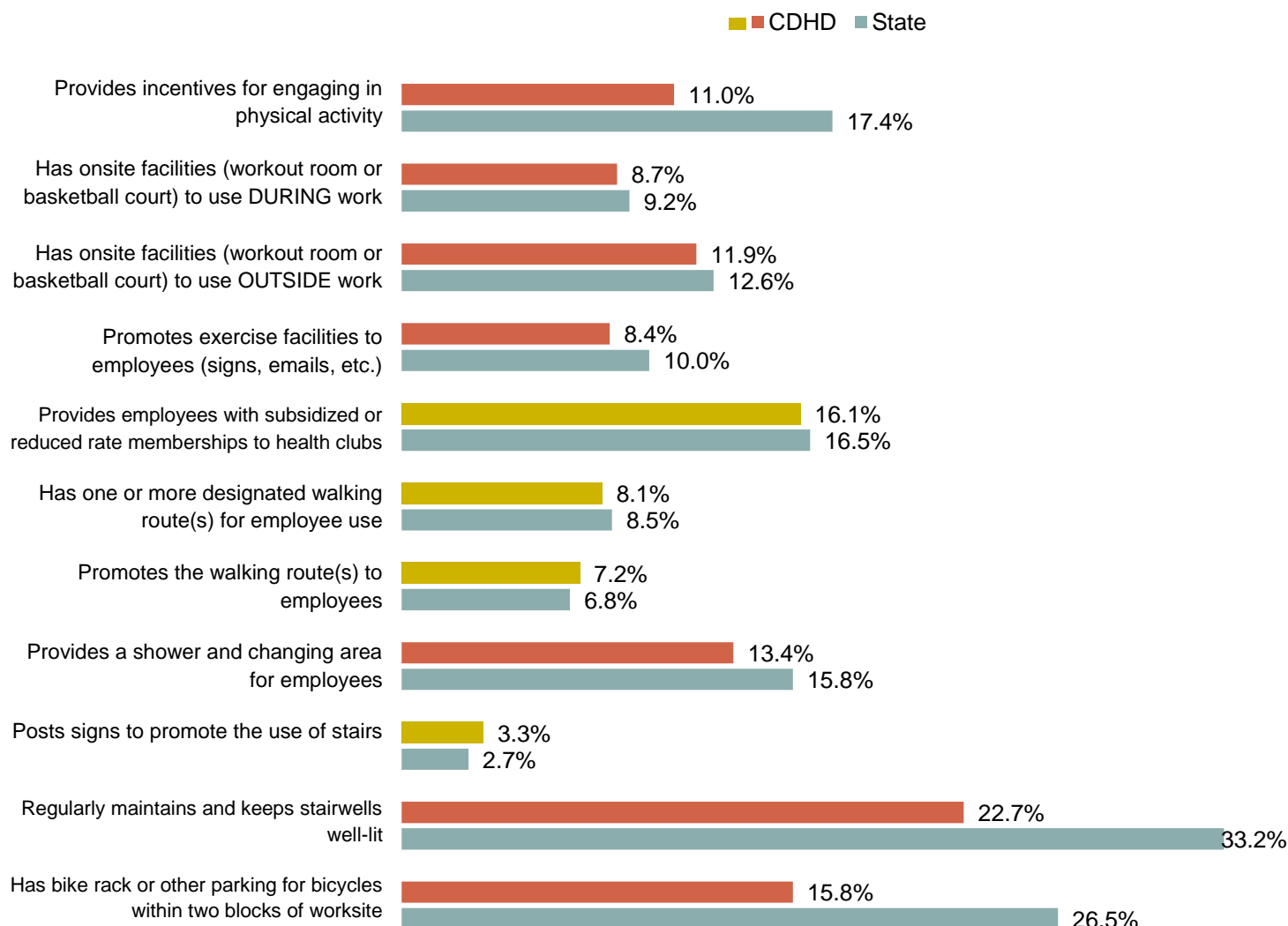


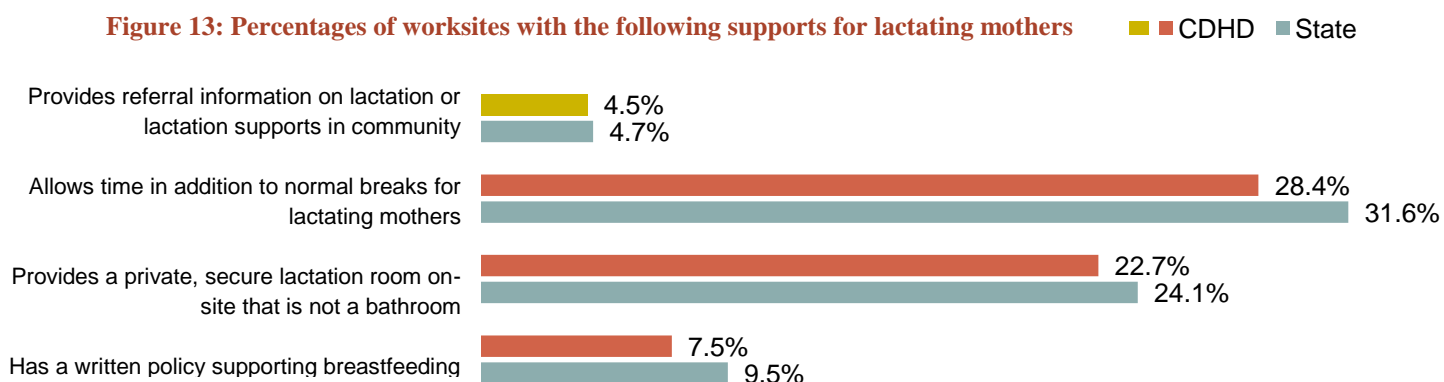
Figure 12: Percentages of worksites with the following policies and practices on physical activity



SUPPORT FOR LACTATING MOTHERS

Nearly one in four worksites provide a private and secure lactation room on-site that is not a bathroom for employees to use (Figure 13). Over one quarter of worksites allow time in addition to normal breaks for lactating mothers to express breast milk during the day. Very few have a written policy supporting breast feeding and provide referral information on the topic.

Figure 13: Percentages of worksites with the following supports for lactating mothers

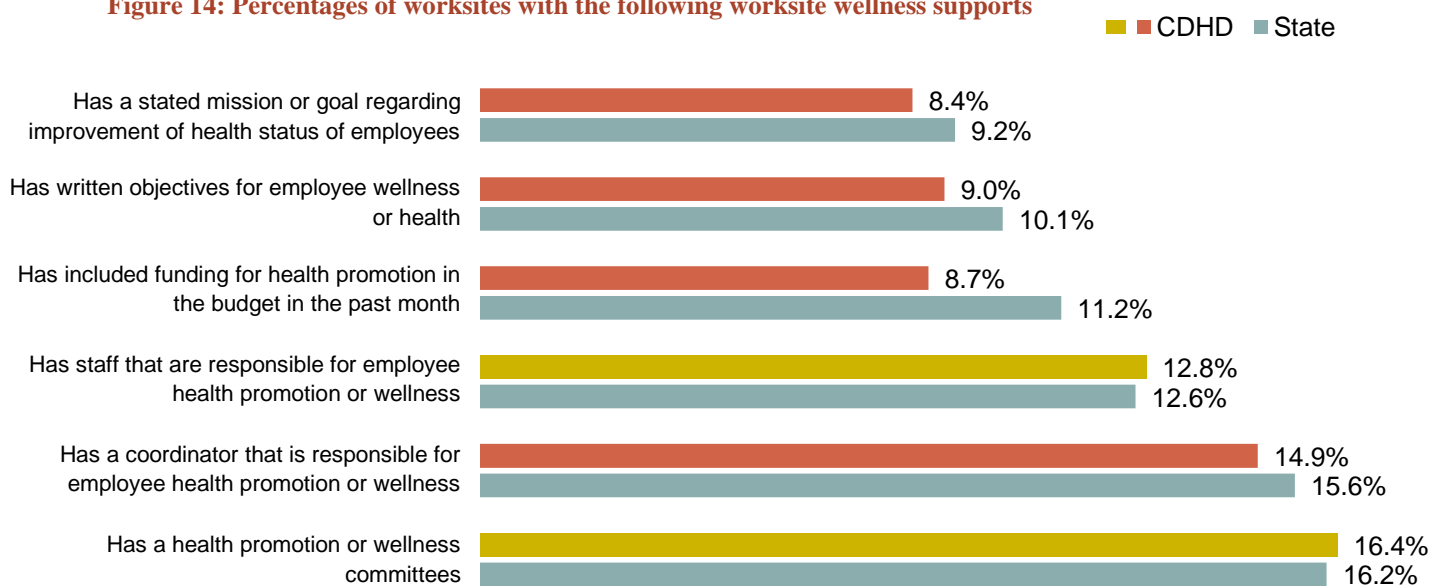


EDUCATION, MOTIVATION, AND SUPPORT

Over one in six (16.4%) worksites has a health promotion or wellness committees; nearly one in seven (14.9%) worksites also have a coordinator that is responsible for employee health promotion and wellness (Figure 14). Greater than one in ten worksites has staff that is responsible for employee health promotion or wellness (12.8%) and some worksites have included funding for health promotion in the budget in the past month (8.7%). Fewer than in ten worksites have written objectives for employee health and wellness (9.0%) and have a stated mission or goal for the company regarding improvement of the health status of employees (8.4%).

All of the state reported average percentages are comparable to our district data.

Figure 14: Percentages of worksites with the following worksite wellness supports



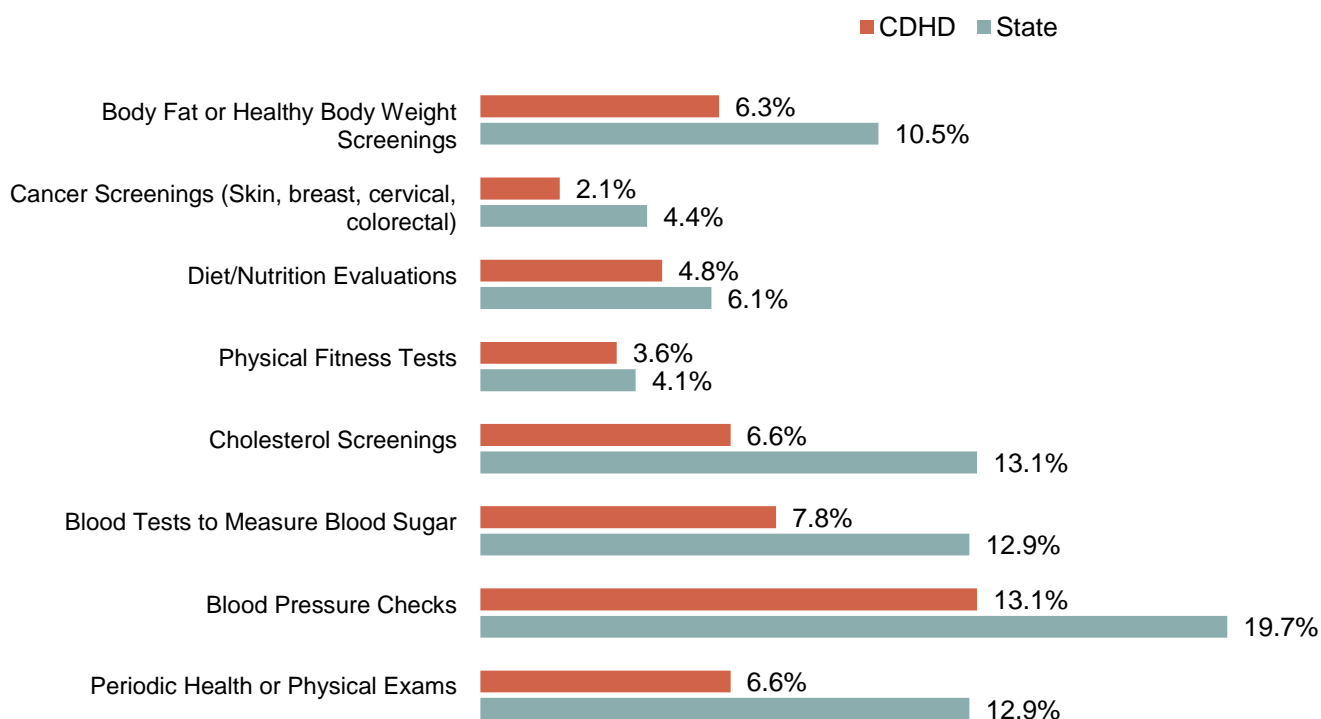
When compared to the state data (Figure 15) the Central District Health Department area has fewer percentages of worksites which have designated areas where smoking is allowed (35.8%). The three country area has higher percentages of worksites which have adopted a policy that restricts smoking within a certain distance from the entrance of the building (42.7%) and which have adopted a policy that prohibits smoking on the whole worksite campus (31.6%).

Figure 15: Percentages of worksites with the following policies related to employee tobacco use



One in seven (13.1%) worksites offered blood pressure checks to employees in the past 12 months (Figure 16). Very few worksites offered periodic health exams, blood test to measure sugar, cholesterol screening, or body fat weight screening.

Figure 16: Percentages of worksites that offered the following health services or screenings in the past 12 months



Injury Prevention (17.6%) and CPR/Basic Life Support Training (17.9%) were among the most common of all of the worksite offered health or wellness programs, support groups, counseling sessions, or contests on the following topics in the past 12 months (Figure 18, page 15). The worksite supported Physical Activity or Exercise (11.9%) practices were significantly higher than the state reported average percentages.

Only 11.3% of worksites surveyed would consider their incentives encouraging employees to participate in programs, support groups, counseling sessions, or contests to be “Very Successful.” The majority or worksites do not offer incentives (Figure 17).

Figure 17: Percentage of worksites and the successful of incentives employees to participate in programs, support groups, counseling sessions, and contests

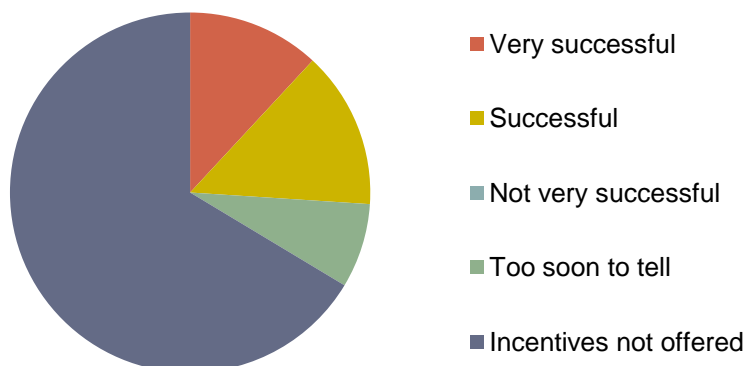
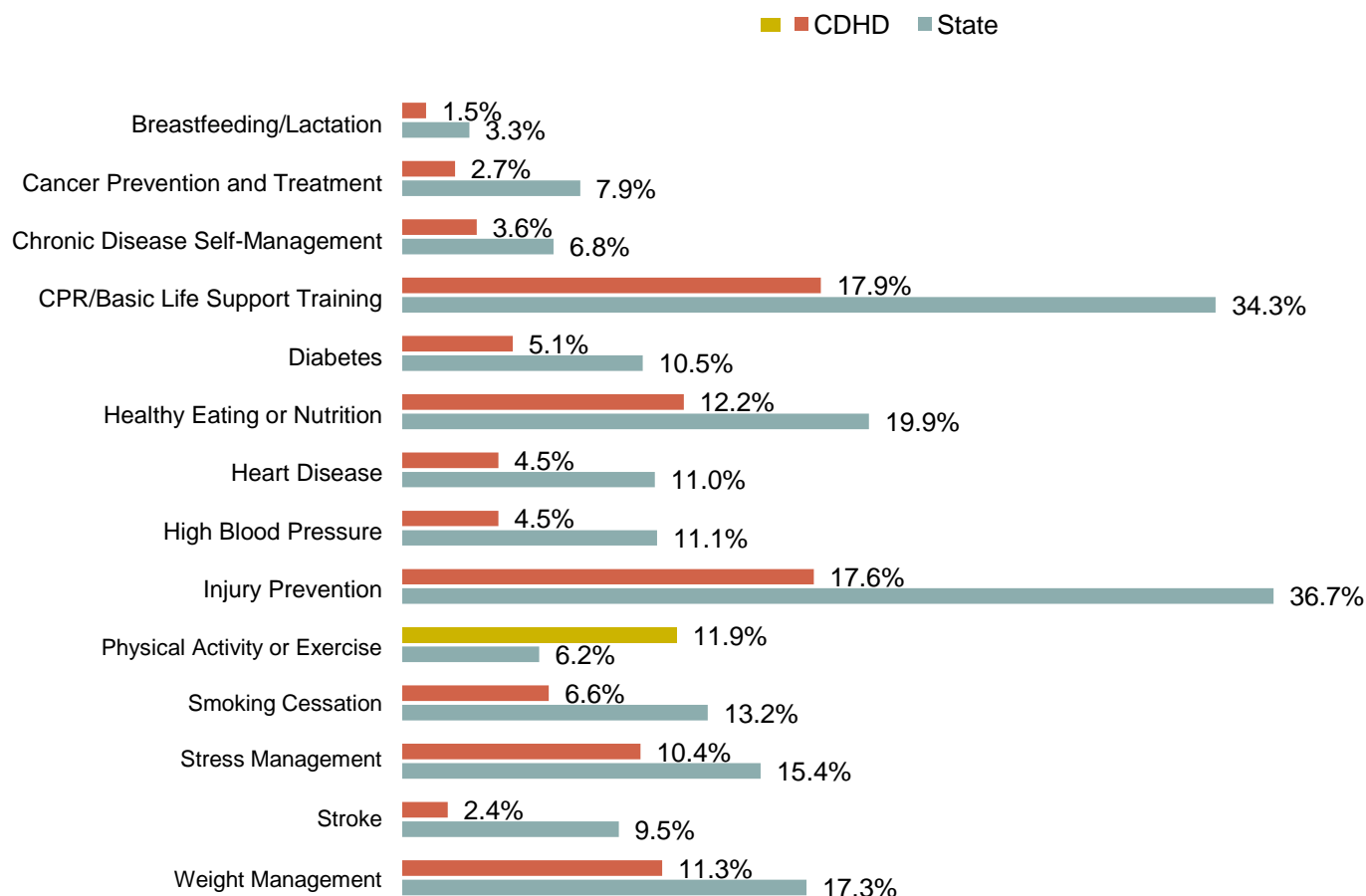
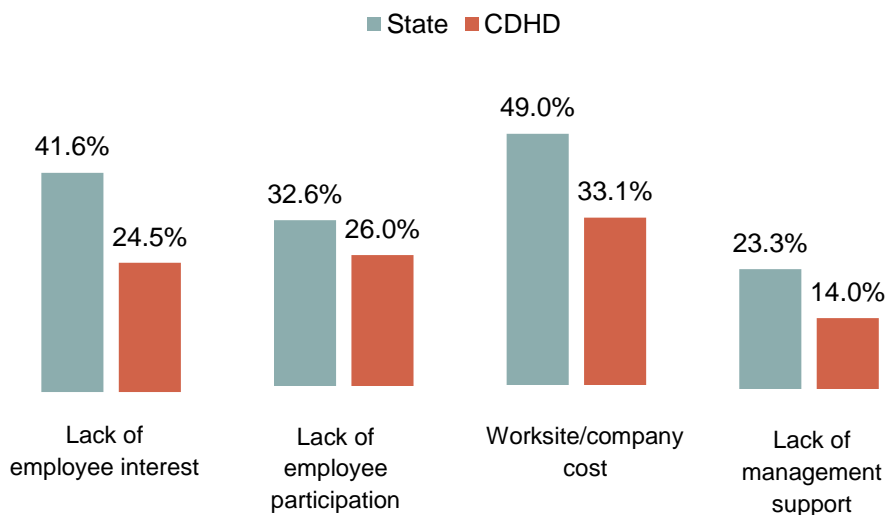


Figure 18: Percentages of worksites that offered employees health or wellness programs, support groups, counseling sessions, or contests related to the following topics



There are several barriers that worksites face when creating a successful culture of worksite wellness (Figure 19). Nearly half (49.0%) of worksites recorded worksite/company costs as a barrier to successful worksite wellness; the second most common barrier was lack of employee interest (41.6%).

Figure 19: Percentage of worksites with the following barriers



STAGES OF CHANGE

The last section of the survey is called “Stages of Change” based off of the transtheoretical model mentioned in the Methods on page 3.

In order to determine the stage of change or readiness of the worksite, the person who completed the worksite wellness survey was asked a series of knowledge based questions (Figure 20). The majority of individuals were aware that by establishing policies or programs that promote healthy habits in the worksite improve employee health (72.8%), that worksites with healthier employees have lower insurance costs (75.2%), and healthier employees have better morale, fewer sick days, and are more productive employees (84.4%). Fewer individuals knew that a worksite’s budget could provide the resources needed to develop and implement programs that would improve employee health (56.1%).

Figure 20: Percentage of individual with the knowledge of worksite wellness benefits

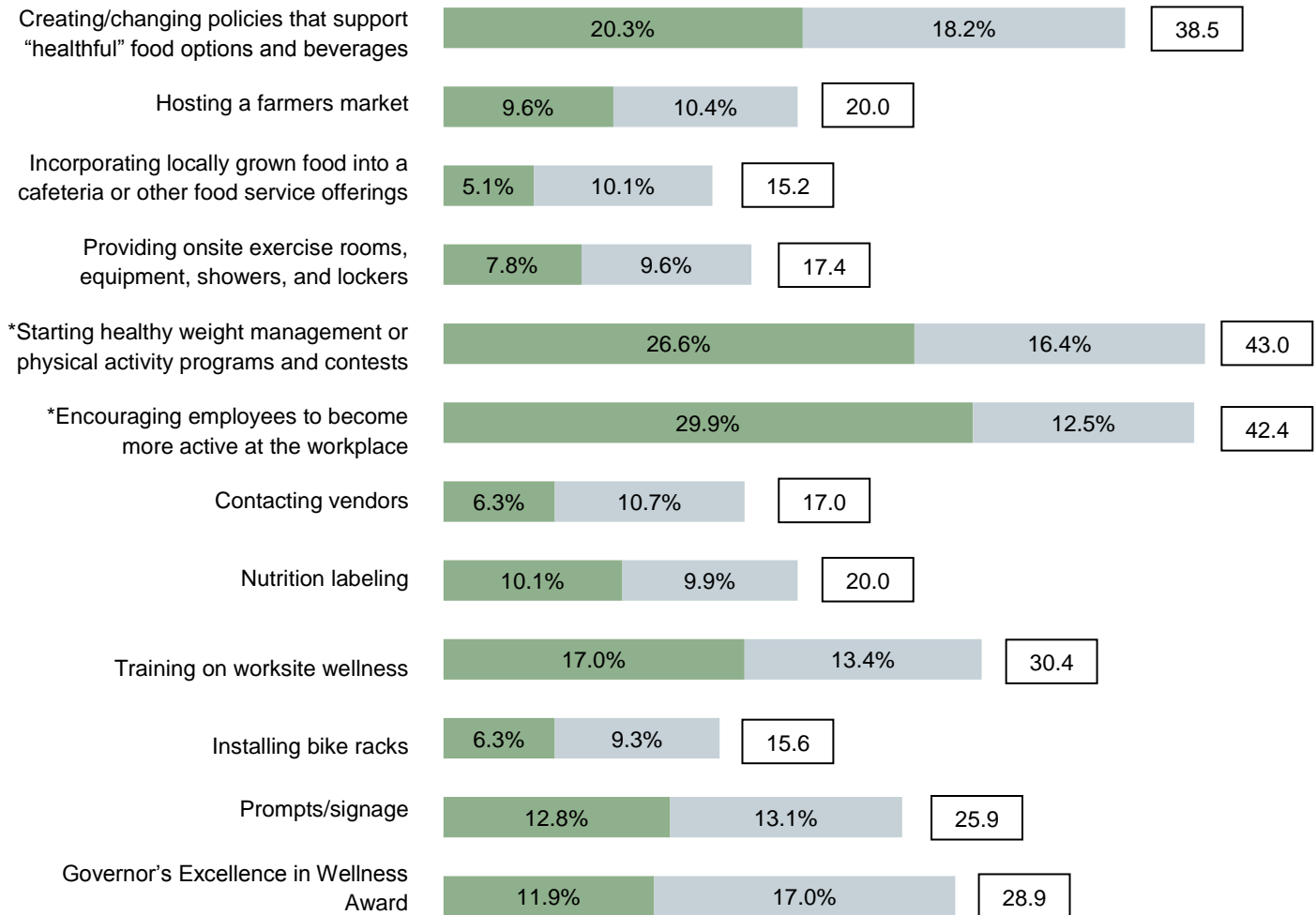


Another question was included to determine readiness; topics that may be of interest were offered to the worksite and/or individual completing the survey. The survey results displayed in the graph below (see Figure 21) include both the percentages of response to “Yes” and the responses to “Not Sure.” There were four notably higher interest areas. They included being interested in receiving materials on or participating in educational opportunities on the following: encouraging employees to become more active at the workplace, starting healthy weight management or physical activity programs and contests, creating/changing policies that support “healthful” food options and beverages, and training on worksite wellness.

There was some significant interest in prompts/signage and the Governor’s Excellence in Wellness Award.

Figure 21: Percentages of worksites who are interested in the following topics

■ Yes ■ Not Sure □ Combined total



*Topics with the most collective interest

Worksites who are taking steps to improve employee wellness are to be commended; however the results from the Healthy Works Worksite Wellness Survey demonstrate that there is much room for improvement. Strategic implementation of policies has the potential to drastically change the environment of a workplace in terms of establishing policies and programs that support employee health and wellness in Nebraska.

APPENDIX A:

HEALTHY WORKS WORKSITE WELLNESS SURVEY

The Healthy Works Worksite Wellness Survey is included in the following pages. The survey was adapted from the Nebraska Worksite Wellness survey conducted in 2010. As their survey affirms, worksites and public health professionals are welcome to use any or all of the survey questions for assessment of worksite policies and programs in their own communities.